STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	004001	A. BUILDING _____ B. WING _____	C 02/24/2012

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
WINDSOR RIDGE	2700 WATERS EDGE PKWY JEFFERSONVILLE, IN 47130

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
R 000	INITIAL COMMENTS This visit was for the Investigation of Complaint IN00103543. Complaint IN00103543 - Unsubstantiated due to lack of evidence. Survey dates: February 23 and 24, 2012 Facility number: 004001 Provider number: 004001 AIM number: N/A Survey team: Jennie Bartelt, RN Census bed type: Residential: 34 Total: 34 Census payor type: Other: 34 Total: 34 Sample: 3 Windsor Ridge was found to be in compliance with 410 IAC 16.2 in regard to the Investigation of Complaint IN00103543. Quality review 2/27/12 by Suzanne Williams, RN	R 000		